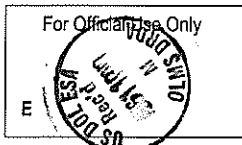


FORM LM-30

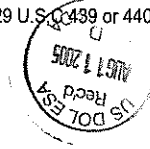
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - <u>3092</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Teri</u> <u>A</u> <u>Benton</u> P.O. Box, Bldg., Room No., if any <u>Suite 401</u> Street <u>7920 Sunset Boulevard</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90046</u>	4. Name, file number, and address of labor organization. Name <u>Directors Guild of America, Inc.</u> Labor Organization File Number <u>000-018</u> P.O. Box, Building and Room Number, if any <u>Suite 401</u> Street <u>7920 Sunset Boulevard</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90046</u>
5. Position in labor organization. <u>Executive in Charge of Residuals</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Walt Disney Pictures</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>500 South Buena Vista</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91521-9030</u>	7.a. Nature of Interest, Transaction, or Income. <u>Lunch worth approximately \$40.</u> 7.b. Amount. <u>\$40</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Teri A Benton On 7/14/05 (310) 289-2061
Date Telephone Number

Name of Person Filing Teri Benton	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Lewis Gingold and Co."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="15250 Ventura Boulevard"/></p> <p>City <input type="text" value="Sherman Oaks"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91403"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Accounting firm."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$54,630"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Christmas gift basket that was shared with department staff."/></p> <p>12.b. Amount. <input type="text" value="\$75"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Teri Benton

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Nigro Karlin and Segal

Trade Name, if any: NKS

P.O. Box, Bldg., Room No., if any Suite 1300

Street 10100 Santa Monica Boulevard

City Los Angeles

State California ZIP Code + 4 90067

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Accounting firm.

11.b. Approximate dollar value of such dealing.

\$39,290

12.a. Nature of interest held or income received.

Christmas gift of a CD player.

12.b. Amount.

\$75

Directors Guild of America, Inc.



NATIONAL OFFICE

- 7920 SUNSET BLVD.
- 110 WEST 57TH STREET
- 400 N. MICHIGAN AVE., SUITE 307

- LOS ANGELES, CA 90046
- NEW YORK, NY 10019
- CHICAGO, IL 60611
- 310-289-2000
- 212-581-0370
- 312-644-5050
- FAX 310-289-2029
- FAX 212-581-1441
- FAX 312-644-5776

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NATIONAL VICE PRESIDENT

STEVEN SODERBERGH

SECRETARY-TREASURER

GILBERT CATES

ASSISTANT SECRETARY-TREASURER

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Western Executive Director

G. BRYAN UNGER

Eastern Executive Director

RUSSELL HOLLANDER

Midwestern Executive Director

DANIEL J. MOORE

General Counsel

ROBERT S. GIOLITO

(310) 289-2061

teri@dga.org

August 11, 2005
July 14, 2005

U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001



Re: Form LM-30 (2004)

To Whom It May Concern:

I am submitting the attached revised LM-30 forms in replacement of the forms I submitted on July 13, 2005. My original submission was incomplete. (For reference, the incomplete forms are also enclosed.)

Sincerely,

Teri Benton
Executive in Charge of Residuals

enclosures